



Joslin Diabetes Center  
One Joslin Place  
Boston, MA 02215  
617-732-2400

**INITIAL ASSESSMENT**

M.D. GWEIR

Other \_\_\_\_\_

JC# 19 41 46

MOSHE

HANANEL

First Name

Initial

Last Name

DOB 8/25/54

Visit Date 12/05/95

Referring M.D. \_\_\_\_\_

**JOSLIN DIABETES CENTER, INC.**  
**ONE JOSLIN PLACE**  
**BOSTON, MA. 02215**

PHYSICIAN.....:WEIR, GORDON  
 PRACTITIONER:..  
 LOCATION.....:UNIT 2  
 DATE OF BIRTH...:08/25/54  
 DIAGNOSIS.....:  
 YR OF ONSET.....:  
 YR OF INSULIN...:  
 VISIT DATE.....:12/05/95

MED.REC.#.:194146  
 NAME.....:HANANEL, MOSHE  
 TITLE.....:MR  
 PHONE.....:972-234-4164  
 ADDRESS.:22 HAELE STREET  
 PO BOX 219 ISRAEL  
 MEVASERET  
 00000 0000

ADD'L DIAGNOSIS:

KEY TO SYMBOLS: \* =NEW RESULTS, L =LOW, H =HIGH, C =CRITICAL

\*\*\*\*\* GLYCOHEMOGLOBIN \*\*\*\*\*

		12/05/95
	Normals Units	14:43*
GLYCOHGB A1C	4.0-6.0 %	5.9

\*\*\*\*\* THYROID STUDIES \*\*\*\*\*

( REFERENCE RANGE NOT ADJUSTED FOR PREGNANCY )

		12/05/95
	Normals Units	14:43*
TSH	0.30-5.00 uIU/mL	0.90

\*\*\*\*\* MICROALBUMIN \*\*\*\*\*

		12/05/95
	Normals Units	14:43*
MALB/CREAT RATIO	0-20.0 mcg/mg	26.8 H
		NOTE1
URINE ALBUMIN	mcg/ml	44.3
URINE CREATININE	mg/dL	165

NOTE1: 12/05/95 14:43 MALB/CREAT RATIO  
 CLINICAL SERVICE

\*\*\*\*\* END OF REPORT \*\*\*\*\*